PRINTED: 12/29/2015 FORM APPROVED

Division of Health Service R	egulation			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION MINUSED		(X3) DATE SURVEY COMPLETED		
		B. WING			FLETED
	HAL097014				09/2015
NAME OF PROVIDER OR SUPPLIER		DORESS, CITY, S			
WILKES COUNTY ADULT CAI		HOME ROAL			
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	BORO, NC 28			
PREFIX (EACH DEFICIENCY MUST SE PRECEDED BY FULL TAG REGULATORY OR LSC (DENT)FYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
C 000 Initial Comments		C 000			
Report of Complain 12-9-2015.	it Survey by Dennis Harreii on				
The Complaint alle cold because a win covered with cardbo	ged that the facility was getting dow had been broken and pard for 5 weeks.				
a Home for the Age	is facility was first licensed as d serving 99 residents on one the facility was surveyed				
101 conformance wi	in the 1971 Minimum and				
for the Aged and Inf	and Regulations for Homes firm, the applicable portions of				
the 2005 Rules for t	he Licensing of Adult Care	i			
Homes of Seven or	More Beds, and the 1967 Building Code, Group D.				
accurate before, but day of the survey. (substantiated to have been t had been corrected by the Other deficiencies, not related re cited that will require an	THE PARTY OF THE P			
	Maintained Safe, Operating				
SECTION .0300 - P		C 189			
:10A NCAC 13F .03	11 OTHER				
REQUIREMENTS	d all fire safety, electrical,				
mechanical, and plu	mbing equipment in an adult	1			
care home shall be operating condition.	maintained in a safe and	1			
	apply to new and existing				
facilities with the exc	ception of Paragraph (e) to existing facilities.				
This Rule is not me	t as evidenced by:	1			
 Based on observ 	ation, the facility was not				
sion of Health Service Regulation) DRATORY DIRECTOR'S OR PROVIDE	P/SUPPLIER RÉPRESENTATIVE'S SIGN	ATURE	War -		
11611		M+ VNC	TITLE	1. di	(X6) DATE :
TE FORM		369 70	01/210	rton (Ki	etac

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 12/09/2015 HAL097014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 176 REST HOME ROAD WILKES COUNTY ADULT CARE WILKESBORO, NC 28697 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (XA) ID: (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Facility Maintenance Director will replace the door. Operations C 189 C 189 Continued From page 1 Director will supervise the repair to ensure all construction 1/20 maintained in a safe condition because of a badly regulations are followed. damaged bedroom door. Damaged bedroom doors cannot resist the passage of fire and smoke. Finding includes: The door to bedroom 5 was damaged beyond Facility Maintenance Director will remove the air condition unit form Based on observation, the facility was not the window to ensure the window will properly close. Facility maintained in a proper operating condition because of a poorly installed air conditioner in a Operations Director Will Supervise to ensure compliance. window in the main dining room. Poorly installed air conditioners can allow cold air and/or insects to enter the facility. Finding includes: There were open holes around the air conditioner. installed in the main dining room. Based on observation, the facility exterior. weather resistant surfaces were not properly. maintained. Poorly maintained surfaces allow water to enter. Findings include: Facility Maintenance Director Will replace all broken siding with The siding was broken on the exterior of the approved materials Facility Operations Director will monitor the b. The attic access door was damaged on the repairs to ensure compliance. exterior gable end of the 200 Hall. Facility Maintenance Director will Replace the door hinges to that the door closes properly. Based on observation, the facility was not maintained properly because a thermostat cover Facility Maintenance Director will replace the the thermostat and was missing exposing the wires and internal install lock cover to ensure the thermostat is in proper working parts. condition C 190 C 190 Heating System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to

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If continuation sheet 2 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 12/09/2015 HAL097014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 176 REST HOME ROAD WILKES COUNTY ADULT CARE WILKESBORO, NC 28697 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAĠ DEFICIENCY) C 190 C 190 Continued From page 2 maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. Built-in electric heaters, if used, shall be installed or protected so as to avoid burn hazards to residents and room furnishings. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. Facility Will adjust all thermostats to ensure the This Rule is not met as evidenced by: the resident rooms maintain 75 degrees F. Based on observation, the temperature in a resident bedroom on the 300 Hall was only 70 Facility Maintenance director will monitor the dagrees. The outside temperature measured 58 facility temperature daily to ensure compliance. degrees F. Division of Health Service Regulation

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